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Country programme recommendation**

Lao People's Democratic Republic

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of the Lao People's Democratic Republic for the period 2002 to 2006 in the amount of $7,618,000 from regular resources, subject to the availability of funds, and $21,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.35). However, after the country note was submitted, updated information was released from the National Health Survey (NHS) 2000, the multiple indicator cluster survey (MICS) 2000, and the Lao Reproductive Health Survey 2000, and includes the following changes:

(a) Updated indicators show an infant mortality rate (IMR) of 82 per 1,000 live births (113 in 1995), an under-five mortality rate of 106 per 1,000 live births (142 in 1995) and a maternal mortality ratio (MMR) of 530 per 100,000 live births (653 in 1995). The high MMR reflects the high fertility rate of 5.3, the underutilization and poor quality of health services, and the general low status of women in the community and family. Only 29 per cent of women receive antenatal care from skilled personnel (doctor, nurse or midwife), and only 21 per cent of births are assisted by skilled personnel;

(b) Updated figures for the expanded programme on immunization (EPI Plus) show routine immunization coverage rates for children under one year of age of 69 per cent for anti-tuberculosis vaccine, 42 per cent for measles vaccine, 53 per cent for combined diphtheria/pertussis/tetanus vaccine and 57 per cent for three doses of oral polio vaccine. Only 32 per cent of children are fully immunized by their first birthday, and 45 per cent of women of reproductive age had received at least two doses of tetanus toxoid.

Programme cooperation, 1998-2001

2. Despite being reduced by one year, the 1998-2001 country programme of cooperation has contributed to the achievement of several National Programme of Action objectives for children. Through extending coverage and improving service delivery systems, in collaboration with the World Health Organization (WHO) and the Japan International Cooperation Agency (JICA), polio eradication was realized and officially declared in October 2000. Intensive UNICEF and WHO support to the Government to reduce iodine deficiency and increase access to iodized salt has contributed to more than 90 per cent of households now using iodized salt. Twelve hospitals were accredited as baby-friendly, and the percentage of mothers initiating breastfeeding within 12 hours after birth increased to 95 per cent (NHS, 2000).

3. The programme also supported Government implementation of the Convention on the Rights of the Child through enhancing the capacities of the National Commission for Mothers and Children (NCMC), ministries, mass organizations and communities to adopt a more rights-based approach for advocacy, social mobilization, monitoring and service delivery. This has contributed to an emerging civil society influence and involvement in promoting child rights. Universalizing coverage of basic services has focused on the rural majority and ethnic minorities.

4. The health and nutrition programme directed efforts towards consolidating and strengthening existing government capacities, systems and policies as they affect maternal and child health. UNICEF supported the training of over 2,800 health workers in health education, emergency obstetric care, breastfeeding counselling and maternal nutrition, and provided assistance for the strengthening of a number of

health protocols. The EPI Plus programme now reaches all villages at least once a year, and linkages of vitamin A distribution with National Immunization Days, started in 2000, have resulted in vitamin A coverage of about 50 per cent of villages. However, support to safe motherhood and breastfeeding initiatives has made very little improvement in moderate and severe protein-energy malnutrition among children, which remains at a high 40 per cent.

5. UNICEF assistance to the Government, in collaboration with other United Nations and bilateral agencies, and non-governmental organizations (NGOs), resulted in the completion of the NHS and MICS in 2000, the formulation of the health strategy up to the year 2020, and development of the National Primary Health Care Policy 2000. These have contributed to improved health planning, management and supervision.

6. As a member of the Joint United Nations Programme on HIV/AIDS theme group and the HIV/AIDS technical group, in partnership with other United Nations and bilateral agencies, NGOs and the National Committee for Control of AIDS, UNICEF also forged successful partnerships and built the capacities of a broad range of government institutions at national and subnational levels that resulted in the implementation of a number of innovative multisectoral initiatives to combat HIV/AIDS. These included the "Friends tell Friends" project in 54 garment factories in three provinces; the life skills project for out-of-school youth in more than 2,500 rural communities of 13 provinces; the development of the HIV/AIDS curriculum and its pre-testing in 100 primary and secondary schools; and the development of communication and social mobilization programmes through mass and traditional media. Through these activities and other joint efforts by partners, HIV/AIDS awareness among the population, which was near zero in 1995, increased to 93 per cent among urban populations and 70 per cent among rural populations (NHS, 2000). UNICEF also supported a pilot community-based care and support project in one province for people with HIV/AIDS.

7. The UNICEF-supported water and environmental sanitation (WES) programme, funded by the Swedish International Development Authority (SIDA), continued its support to the Centre for Environmental Health and Water Supply, in collaboration with the United Nations Development Programme (UNDP) and the World Bank Water Supply Program-East Asia and Pacific (WSP-EAP), to expand rural water and sanitation facilities, especially in rural communities. This resulted in improvement of clean water coverage to 52 per cent (76 per cent urban/38 per cent rural) and sanitation coverage to 37 per cent (67 per cent urban/19 per cent rural). In 1998, the WES programme shifted emphasis from the installation of water facilities to a more integrative approach to improve sustainability and hygiene education to foster behaviour change. UNICEF support for the testing and promotion of a variety of local designs and low-cost technologies involving communities (e.g. rope pumps and bamboo-lined latrines) and the use of small local entrepreneurs increased sustainability and local ownership. Greater emphasis and integration of hygiene education, especially the promotion of hand-washing, resulted in positive changes in behaviour, especially among children.

8. In the development of women and family project, under the education, community and child development programme, UNICEF promoted a fairly successful integrated community-based planning and action model, with a strong emphasis on women's empowerment through their involvement in family and

community decision-making and development processes. Implemented in more than 400 rural communities in nine provinces, this project successfully built the capacities of community groups, especially women, and local government partners to use participatory rural appraisal techniques in problem analysis and the development of annual village action and monitoring plans. Through this project, UNICEF trained about 4,500 village and district officials in village planning; trained 12,800 women in improved agriculture techniques; supported the establishment of 48 village rice banks to improve food security; set up 75 village revolving drug funds; and trained 150 village volunteers to improve basic health care. In addition, 30 water systems and 744 sanitary latrines were installed. Responding to the high incidence of infant and young child deaths and illnesses, and poor caring practices, UNICEF advocated and supported the media and community-based early childhood development project in 115 communities in six provinces. Improvement of information and knowledge on early childhood care and development (ECCD), targeting parents and caregivers of children 0-8 years of age, was the main thrust of the project.

9. In the basic education programme, support to the Ministry of Education has resulted in the training of over 4,000 previously unqualified teachers since 1992. A focus on child-centred learning strategies has increased the capacity of teachers in remote areas for multi-grade teaching. Fifty-five education resource centres, with trained managers, were established, which improved the quality of instruction and levels of supervision for satellite schools. While some progress was made in basic education, the goals of net enrolment and completion rates of 85 and 80 per cent, respectively, were not reached. Net enrolment rates of 80 per cent (male) and 72 per cent (female), and grade 5 completion rates of 58 per cent (male) and 55 per cent (female), mask significant subnational, rural/urban and gender disparities. Contributing factors include: high rates of repetition, especially in early grades; low incentives for teachers to remain in the profession; very low levels of adult literacy, especially among women; and the reality that more than one half of the population classified as "hard to reach" lack adequate access to education facilities. In response to these problems, and to increase the participation of girls and women in education, UNICEF, in 2000, initiated a girls' education project. The project builds on the successful lessons of the community planning processes of the development of women and family project to raise the awareness of families and communities, as well as local government support, for inclusive education for all children, especially girls.

10. In the relatively new area of protection, UNICEF supported efforts to reduce the deaths and injuries to children caused by unexploded ordnance (UXO). Assistance was provided to the UXO LAO community awareness project through support for the development of information, education and communication (IEC) materials and campaigns using the mass media and traditional media, and assistance for the development of the UXO school curriculum targeted especially to nine provinces heavily contaminated with UXO. Support to the Lao Youth Union (LYU) "Sports in a Box" project effectively utilized play as an entry point to reach in-school and out-of-school children to raise awareness about the dangers of UXO. These activities have contributed to increasing awareness among children and communities of the dangers of UXO, and have led to a marked reduction in UXO-related casualties.

11. During this programme cycle, UNICEF worked closely with the Ministry of Information and Culture to extend its communication capacity to disseminate life-enhancing information from *Facts for Life* and other child-related issues. Reaching vulnerable and remote ethnic minority groups through radio programmes in minority languages was also emphasized.

12. UNICEF played an important role in promoting the Convention on the Rights of the Child with other United Nations partners and NGOs, especially the Save the Children Alliance. UNICEF provided assistance for the training of judges from all provinces through the Ministry of Justice, and supported the development of a core training package on "How to Work with Children in Difficult Circumstances" in partnership with the LYU and Lao Women's Union (LWU). In 1999, the Government officially launched the Lao translation of the Convention on the Rights of the Child with UNICEF support. These efforts led to an increased awareness and understanding about children's and women's rights among policy makers, professionals who work with children, members of the judicial system and the general public. As a result, more active interest in issues previously considered out of the scope of the Government, such as issues of juvenile justice and trafficking, became evident. Positive steps were also taken by the Government to implement the recommendations of the Committee on the Rights of the Child, especially in areas related to the dissemination of information about children's and women's rights to communities and families.

Lessons learned from past cooperation

13. Lessons learned from past cooperation underscored the limitations of single sector approaches to address complex child survival, development and protection problems faced by families and communities. They pointed to the need for broadening partnerships at all levels; the value of adopting decentralized planning and monitoring processes involving key stakeholders; and the strengthening of intersectoral cooperation to address cross-cutting issues such as ECCD, HIV/AIDS and safe motherhood. Past cooperation also demonstrated the critical role of communication, including that of traditional media and peers, for the dissemination of information and knowledge on life skills and child rights to rural families and communities, with lessons on the need for more sensitive and effective communication, especially for ethnic minorities.

14. While the country programme has contributed to some important studies and surveys, such as MICS, monitoring of the impact of the different projects/programmes has been weak. There is a need to develop improved baseline data and indicators at the outset of projects/programmes as a basis for monitoring progress and measuring outcome. The country note also highlighted the importance of donor coordination, especially among United Nations agencies, bilateral donors and NGOs, to support the Government's social development plan. These lessons were applied in the development of the new country programme.

Recommended programme cooperation, 2002-2006

Recommended programme cooperation[a]

(In thousands of United States dollars)

Regular resources: $7,618,000
Other resources: $21,000,000

	Regular resources	*Other resources*	*Total*
Survival, growth and development	2 692	5 300	7 992
Learning for child and community development	2 069	7 500	9 569
Water and environmental sanitation	499	3 500	3 999
Child protection	823	2 380	3 203
Advocacy and communication	673	320	993
HIV/AIDS prevention and care	100	2 000	2 100
Cross-sectoral costs	762	-	762
Total	**7 618**	**21 000**	**28 618**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

15. The country programme preparation process was led by the NCMC. Three interministerial subcommittees were formed in preparation for the strategy meeting in October 2000. The strategy meeting was chaired by the President of the NCMC (also the Deputy Prime Minister and Minister of Foreign Affairs), and was attended by governors or vice-governors from all 18 provinces, representatives from the various ministries, mass organizations, all United Nations agencies, the World Bank, the Asian Development Bank (AsDB), international NGOs, bilateral donors and partners.

16. The country programme cycle was shortened by one year in order to harmonize the proposed country programme cycle (2002-2006) with the other United Nations agencies as part of United Nations reform. The situation analysis from the last cycle was updated with available new data as the mid-term review (MTR) could not be carried out due to the compressed cycle. The preparation of the new country programme was guided by the outcomes of the Common Country Assessment (CCA) workshops led by UNDP and co-facilitated by UNICEF, with 13 participating agencies contributing to the final document. In formulating the United Nations Development Assistance Framework (UNDAF), currently in preparation, all United Nations agencies contributed on the themes of poverty, governance and human rights.

17. The policy framework set by the Lao PDR National Socio-Economic Development Plan (2001-2010) was formulated in collaboration with the Government and other development partners, and will be in line with the proposed UNDAF.

Country programme goals and objectives

18. The overall goal of the country programme is to support the Government's achievement of the targets for children's and women's development set in the National Socio-Economic Development Plan, and the progressive realization of the rights of children and women as presented in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

19. UNICEF will contribute directly to the achievement of the programme goal through implementation of seven sectorally interlinked programmes to achieve the following objectives by 2006: (a) to reduce infant deaths due to preventable causes by increasing immunization rates for six antigens to reach 80 per cent; (b) to reduce the number of maternal deaths by increasing the proportion of hospital deliveries from 11 to 30 per cent; (c) to reduce moderate and severe malnutrition among children under three years old from 40 to 30 per cent; (d) to achieve 55 per cent proper home treatment (oral rehydration therapy and continued feeding) for diarrhoea control; (e) to improve access to safe drinking water and sanitary latrines in rural areas to 70 and 45 per cent, respectively; (f) to increase coverage of school sanitation to 20 per cent; and (g) to increase net primary school enrolment and completion rates for both boys and girls, with girl enrolment and completion rates to reach at least 85 and 75 per cent, respectively.

20. To achieve those objectives, the programme will provide support to: (a) build management and implementation capacities at all levels to improve the quality of basic health and education services, especially in rural areas; (b) build the capacities and knowledge of rural communities and families to provide better care for infants and young children; (c) improve the dissemination of information and knowledge for HIV/AIDS prevention and reduce its impact on children by expanding support to community-based care for people with HIV/AIDS; (d) increase general awareness and understanding, particularly among senior officials, civil servants, members of mass organizations and the general public, about the Convention on the Rights of the Child; (e) develop an appropriate national policy framework, legislative reforms and services to address priority areas of child and youth protection, such as drug abuse, trafficking and HIV/AIDS; (f) develop the capacity of appropriate partners at all levels, including the NCMC and the Provincial Commission for Mothers and Children (PCMC) to implement and monitor the Convention; (g) increase the capacity of appropriate partners to develop and implement integrated IEC campaigns, including campaigns against specific health threats such as substance abuse and malaria; and (h) broaden partnerships for resource mobilization and investment in children.

Relation to national and international priorities

21. The proposed country programme objectives and strategies have been developed in harmony with major features of the National Socio-Economic Development Plan as well as the Government's development goals as presented at the round table meeting in Vientiane in November 2000. The programme is closely linked to and is supportive of the Government policy of poverty alleviation and decentralization, and incorporates other national development priorities, such as accelerating economic growth and sustainable development, and protecting the

environment while safeguarding social and cultural identity. A number of cross-cutting subjects, such as the prevention of HIV and AIDS, link the country programme with the CCA, as well as with the work of United Nations theme groups and task forces on UXO and HIV/AIDS. UNDAF is being developed simultaneously with the UNICEF country programme planning process, which provides good opportunities to harmonize strategies and programmes, especially around issues of children's rights. Other guiding documentation in the process of preparing the country programme has been the Education for All Assessment 2000 as well as the preparation of the Government's second report on implementation of the Convention on the Rights of the Child, due later in 2001.

22. The programme corresponds to the organizational priorities of UNICEF as presented in the medium-term strategic plan for 2002-2005, with an emphasis on capacity-building, service delivery, and knowledge generation and dissemination. The programme responds fully to the priority actions for children, particularly in the emerging areas of concern such as HIV/AIDS, ECCD, girls' education and child protection. It links with international priorities and partnerships, for example, the Global Alliance for Vaccines and Immunization. Comments and recommendations made on the country note at the January 2001 Executive Board session were also taken into account, which suggested more emphasis on protection issues and attention to children with disabilities.

Programme strategy

23. The programme strategy remains essentially the same as described in the country note, but with some changes to programme structure, programme titles and adjustments in budget allocation. A separate programme on HIV/AIDS, which was proposed as a project within the communication and advocacy programme in the country note, was added in recognition of the intersectoral nature of the issue and to highlight the priority of HIV/AIDS in the country programme given the rapid spread of the HIV epidemic and its growing threat to the well-being of children and women in the country. The titles of three programmes were also changed from the country note as follows: (a) the survival and growth programme was changed to survival, growth and development to take into account that the programme includes a number of child development interventions, with an emphasis on caring practices for children 0-3 years old; (b) the early learning and preparation for life programme to learning for child and community development to stress the linkages between successful and inclusive learning, with strong family and community involvement and participation; and (c) the child protection and care programme to child protection to more accurately describe the programme content and thrust.

24. The policy advocacy and capacity-building aspects of all seven programmes will be national in scope. However, specific interventions of programme components are targeted geographically to districts where disparities or vulnerabilities for specific groups are high. The convergence of programme interventions is promoted where feasible to maximize programme synergies and the impact on children and women. A number of cross-cutting strategies have been integrated in the country programme, including the life cycle approach, decentralization, gender equality, capacity-building at all levels, and reaching the unreached. Improved coordination and monitoring of the country programme will be emphasized.

25. In all programmes, regular resources will be used to support a range of core activities, including capacity-building, policy development, and monitoring and evaluation. Other resources will support specific project interventions and enriched activities, as well as the expansion of coverage.

26. **Survival, growth and development**. This programme will contribute to the government health goals of reducing IMR, MMR and child malnutrition through implementation of projects in four main areas. A central focus will be on service delivery, capacity-building, advocacy and social mobilization. WHO is a major partner in the Integrated Management of Childhood Illness (IMCI)/control of diarrhoeal diseases/acute respiratory infections and safe motherhood programmes. UNICEF will continue to coordinate activities with the Save the Children Alliance, Lao Red Cross, Swiss Red Cross, *Médecins sans frontières* (Doctors without Borders) and bilateral donors, including the Australian Agency for International Development (AusAID), JICA and German Technical Cooperation (GTZ). Collaboration with other United Nations agencies — the United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Refugees, UNDP, the Food and Agriculture Organization of the United Nations and the World Food Programme — will be maintained.

27. At the national level, the strategy will be to advocate and build capacity for the development and implementation of health policies, including decentralization of the health administration and programmes to increase the efficacy and impact of health services. The emphasis will be on improving the skills and knowledge of health managers and subnational health staff in health education and promotion.

28. Under child survival interventions, UNICEF, WHO and JICA will work closely to implement the jointly developed five-year national EPI plan. UNICEF will provide operational and technical support aimed at developing sustainable systems for the planning and delivery of immunization services to reach universal child immunization, and the incorporation of the EPI Plus approach to integrate the delivery of other health interventions. NGOs, AsDB, the European Union and GTZ will be involved in implementation at provincial and district levels. Another component includes IMCI to streamline clinical services for children, and promote early recognition and standardized treatment. Developing the capacity, skills and resources of health workers and pharmacists to provide quality services will be key.

29. The safe motherhood project aims to raise awareness among policy/decision makers, health service providers and communities of the problems of maternal health. The project will work towards improving service delivery through building clinical and management capacity of health staff and village health workers. It will strengthen the interface between communities and health providers, especially at the local level, through support of the Village Commission for Mothers and Children, and integrate and build the capacity of traditional birth attendants, to encourage greater utilization of hospital deliveries and appropriate community obstetric emergency referral.

30. The growth and development project will strengthen community mechanisms for monitoring the survival, growth and development of children, and increase the capacity of families to provide optimal care. The focus will be on expanding and strengthening nutrition education, promoting community participation in health care activities, and institutionalizing growth monitoring and promotion of young children. Intersectoral linkages will be made with projects in the learning for child

and community development and WES programmes to promote improved sanitation and ECCD in families and communities.

31. **Learning for child and community development**. This programme will comprise two closely interlinked projects, with a strong focus on local planning and community mobilization for inclusive education and community participation. While national in approach, the programme will be implemented in selected districts of not more than nine provinces where gender disparities in education are highest.

32. The development of young children and women project aims to strengthen equitable, participatory planning structures for improved food security, resource access, holistic child development and health education, particularly for women and girls in rural and remote areas. This will be achieved through building the skills of the LWU, local government departments and village development committees to carry out village surveys and gender analysis to establish village plans based on prioritized needs of family and community members. Other components supported by UNICEF under this project will include early childhood care, non-formal education, capacity-building of counterparts in LWU and the Ministry of Education and other government departments, advocacy and awareness for the rights of women and girls, and the promotion of life skills targeting adolescents.

33. The project for quality education — especially girls — focuses on improving teaching-learning practices through support to in-service teacher training, along with capacity-building of provincial and district counterparts. The key feature is targeting girls in excluded groups, such as ethnic minorities and people with disabilities. The project will be carried out in convergence with the development of young children and women project as well as with other UNICEF programmes. Strong partnership-building and coordination with the donor community involved in basic and secondary education is another key element of the project.

34. **WES**. This programme, which comprises three projects, will continue to support the National Water Supply and Environmental Health Programme Sector Strategy launched in 1997. The strategy will involve demand-driven approaches that foster community ownership, decentralized planning and implementation; increase access to services for poor rural and ethnic minority communities; and enhance private sector participation in WES activities. Possible partners will be SIDA, WHO, WSP-EAP and JICA, and activities will also be coordinated with various NGOs.

35. The school sanitation project will support the installation of water and sanitation facilities and promote sound hygiene practices, especially in schools, at home and in certain public institutions. To increase the enrolment and retention of girls in school, emphasis will be placed on integrating hygiene education in the teacher-training and primary school curricula and on closer school/community monitoring of children's health and attendance. Responsibility for operations and maintenance of school water and sanitation facilities through monitoring and self-evaluation by school children and parents' committees will be promoted. WES aims to integrate these activities with the learning for child and community development programme.

36. Support for the promotion of better hygiene practices and WES facilities at the community level will be achieved through intensive social mobilization and health and hygiene education to create awareness and demand for WES facilities and to

review "user fees" for public services within the UNICEF policy mandate. LWU and LYU will be major counterparts in hygiene education, with a focus on hand-washing. Community participation in the choice of technologies will facilitate people's ownership and self-management of facilities.

37. The reinforcement of the national structure to ensure national sustainability project aims to build government capacity to create self-reliance and full ownership of the programme. Support for the establishment of an institutionalized framework for water quality control, water quality testing and surveillance, and the promotion of hygiene education in teacher-training colleges will be the major strategies.

38. **Child protection**. The child protection programme aims to promote rights-based approaches in the context of the Convention on the Rights of the Child, and to encourage and improve the knowledge base on relevant child protection issues within the Government and general population. The programme will target children of all ages who are vulnerable to exploitation and abuse, and ensure that responsive interventions are developed as issues emerge. In addition, since the preparation of the country note, it has been decided that a specific project initiative focusing on adolescents as one of the main target groups will be developed. Strengthening young people's participation in identifying the underlying causes of key protection issues and in determining appropriate programme responses will refine and enhance the programme's success. Programming will be closely coordinated with the Save the Children Fund (United Kingdom) on juvenile justice, children in need of special protection, and social welfare issues, and with the UNICEF advocacy and communication sector. Implementation of the Convention on the Rights of the Child will also be monitored.

39. The legal protection and justice project will promote the development of a juvenile justice code based on the principles of separate facilities and procedures for youth, non-custodial sentencing, mediation and rehabilitation. Support will be provided for training judges, lawyers, prosecutors and police, and providing alternatives to the court system through mediation. Key partners will be the Ministry of Justice at national and provincial levels, the Office of the Public Prosecutor and the police.

40. Improved protection for and with adolescents will enhance prevention, protection and rehabilitation services at the community level. Youth participation will be promoted in risk identification and programming responses, with a particular focus on issues affecting adolescents, such as trafficking, drugs, sexual exploitation, HIV/AIDS, and abuse and violence. Partnerships with LYU, the Ministry of Labor and Social Welfare and the Ministry of Education will be important for a coordinated programme response.

41. UXO awareness and response to victims aims to reduce the risk of UXO accidents among children and families living in UXO contaminated areas and to promote services for victims. This project will seek to incorporate UXO messages into the national school system with the participation of children in both the design, development and dissemination of appropriate materials. Activities will be coordinated to ensure that out-of-school youth are targeted. Services for children suffering from UXO accidents will be supported. Key partners include UXO LAO, the Ministry of Education and LYU.

42. The strengthened social protection systems and services this project will strengthen the social welfare sector through raising awareness of protection issues. This will enable communities to identify early signs of neglect and abuse and promote behaviour change for the protection and care of vulnerable children. Support will also be given for the development of social worker capacity and counselling services. NCMC and PCMCs will be the major partners, along with the Ministry of Labour and Social Welfare.

43. In response to the provisions of the two Conventions, the Government is undertaking measures to address a range of social protection and community and family needs. Children face increasing challenges to their well-being, such as drug abuse, tobacco use, disability and HIV/AIDS. Cooperation results will include improved knowledge and operational models for the protection of children and women in relation to child disability, trafficking and UXO awareness. The increased emphasis in the area of child protection and increased regular resources and staff allocation for child protection correspond well to the recommendations made by the Executive Board in January 2001.

44. **Advocacy and communication**. This sector comprises three projects that are closely linked with the child protection and other sectors within UNICEF. Advocacy for the two Conventions helps to underpin UNICEF work in all sectors. Effective social mobilization strategies will be adapted where possible, and capacity-building of partners in the national information and communication system will be fostered. The main partner is the Ministry of Information and Culture, including Lao National Television, Lao Radio and the National Theatre. This programme will add value to existing interventions, where possible, to help the mainstream ideals and principles of the two Conventions and to extend their reach, especially to families and communities.

45. Programme communication and social mobilization aims to extend the reach of successful social mobilization interventions for behaviour change, especially at the family level. This will be done through strengthening mass media development and building the capacity of mass organizations to increase access and coverage in life skills and information and knowledge, including *Facts for Life*. Developing the capacity for rapid IEC responses to future threats, such as outbreak of diseases that have a high impact on children, will be explored.

46. The project on information and communication to support awareness of the UNICEF mission intends to build a knowledge base about children and support its dissemination to policy makers, development partners and the general public. Proposed activities will include the development of a UNICEF-Government web site and a pictorial database. This project will work cross-sectorally on developing a range of resource mobilization strategies and materials. The major partners will be the Ministry of Information and Culture, the Ministry of Education and other relevant ministries and mass organizations.

47. **HIV/AIDS prevention and care**. A separate HIV/AIDS project is proposed to take into account that the spread of the epidemic demands a more comprehensive approach and increased resources. The programme will have two projects. The HIV/AIDS awareness and life skills project will focus on consolidating and expanding capacity-building at central and local levels for HIV/AIDS awareness-raising for the general public, HIV education for in-school and out-of-school youth through life skills, and the promotion of peer interaction such as the "Friends tell

Friends" approach for vulnerable groups. Partnerships will be with the LYU, Lao Trade Union (LTU), the Ministry of Education, the LWU, the Ministry of Information and Culture, and media institutions. The development of appropriate IEC and communication through the mass media and traditional media will also be employed.

48. The HIV/AIDS care and support project will expand this cycle pilot initiative of community-based care and support to those affected by HIV/AIDS to another four to six provinces. The proven strategy of working with multiple government partners, mass organizations and religious groups at central and local levels will be maintained.

49. The HIV/AIDS programme will involve close cooperation with the National Committee for Control of AIDS, the Technical HIV/AIDS Working Group and the United Nations Theme Group on AIDS to ensure consistency of approaches and messages. Emphasis will be placed on mainstreaming HIV/AIDS awareness and prevention into existing interventions across UNICEF programmes. Funding for the programme will be supported largely from the Mekong subregion HIV/AIDS project and from other resources. Since the preparation of the country note, $100,000 in regular resources funding has been allocated to the programme for staff support and for studies and assessment.

50. **Cross-sectoral costs** make provision for staffing, other supply costs, logistics, and some communication and monitoring and evaluation activities across the different programmes.

Monitoring and evaluation

51. Programme monitoring is based on the integrated monitoring and evaluation plan using key indicators of planned results. Indicators for each programme will be established in agreement with cooperating partners at the outset of project implementation. These indicators will be reviewed periodically to ensure their relevancy over the course of the country programme cycle. Half-yearly project reviews will be conducted with project counterparts to monitor implementation and provide direction for project development. The MTR will provide an opportunity to evaluate performance across project activities and to refocus activities, as necessary, in 2004.

Collaboration with partners

52. UNICEF has formed partnerships with diverse groups in order to mobilize a wider variety of skills and resources for children. Lead counterparts from the Government include the Ministries of Health, Education, Justice, Labour and Social Welfare, and Information and Culture. Cooperation will also continue with mass organizations, such as LWU, LYU, LTU and the Lao Front for National Construction, as well as with organizations such as the Rural Development Committee.

53. Collaboration within the United Nations resident coordinator system will continue, with links to bilateral and other donor partners, including SIDA, AusAID, GTZ, JICA, AsDB and the World Bank. UNDP, UNFPA and UNICEF took steps to

harmonize their cycles beginning January 2002, resulting in an extension of UNDP/UNFPA cycles by one year and a shortening of the current UNICEF cycle by one year. This will enable better coordination of United Nations activities. The programme will participate in regional, subregional and global initiatives, including those for the prevention and control of HIV/AIDS, the elimination of trafficking of children and women, and the elimination of drug abuse.

Programme management

54. Overall responsibility for planning and coordinating the programme of cooperation rests with NCMC in the Ministry of Foreign Affairs. NCMC ensures coordination between different line ministries, mass organizations, NGOs and United Nations organizations.

55. The Government and UNICEF will jointly conduct annual reviews of all country programme components in the last quarter of each calendar year. Annual project plans of action for the subsequent year will be established on the basis of these reviews. Other United Nations agencies, bilateral donors, international institutions, mass organizations and NGOs will also participate in these meetings. UNICEF, in conjunction with NCMC, PCMC, the District Commission for Mothers and Children, and the sectoral ministries will conduct periodic reviews of the sectoral projects.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Lao People's Dem. Rep. (1999 and earlier years)			UNICEF country classification
Under-five mortality rate	105	(2000)	High U5MR
Infant mortality rate	90	(2000)	High IMR
GNP per capita	$ 290	(1999)	Low Income
Total population	5.3 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	121	147	179	195
Infant deaths (under 1)	(thousands)	18	20	21	18
Under-five deaths	(thousands)	26	29	29	20
Under-five mortality rate (per 1,000 live births)		218	200	163	105
Infant mortality rate (under 1) (per 1,000 live births)		145	135	120	90

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1993/2000)	Moderate & severe	44	40
	Severe	14	13
Babies with low birth weight (%, 1990)		18	..
Primary school children reaching grade 5 (%, 1991/1997)		48	57

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1995/2000)	36	28
Timely complementary feeding rate (6-9 mos.) (%, 2000)	..	10
Continued breast-feeding rate (20-23 mos.) (%, 1995/2000)	31	47
Prevalence of wasting (0-59 mos.) (%, 1993/2000)	10	15
Prevalence of stunting (0-59 mos.) (%, 1993/2000)	48	41
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	39
Household consuming iodized salt (%, 1998)	..	95

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1995)		..	32
Routine EPI vaccines financed by government (%, 1999)		..	0
Use of improved drinking water sources (% of population, 2000)	Total	..	37
	Urban/rural	../..	61/29
Use of improved sanitation facilities (% of population, 2000)	Total	..	30
	Urban/rural	../..	67/19
Births attended by trained personnel (%, -/2000)		14	21
Maternal mortality rate (per 100,000 live births, 1989-91)		650	..

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	4	8	26	62	63
	DPT	7	4	18	54	56
	Polio	7	4	26	64	64
	Measles	7	6	32	68	71
Pregnant women (%) immunized against:	Tetanus	2	2	10	40	33

TABLE 1 (continued)

Lao People's Dem. Rep.

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1991/1997,1991/2000)	Total	96/58	114/69
	Male	106/62	125/71
	Female	85/54	103/67
Secondary enrolment ratio (gross/net) (%, 1991/1996)	Total	22/15	28/22
	Male	27/17	34/25
	Female	18/13	23/19
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	52	62
	Male/female	65/39	74/50
Radio/television sets (per 1,000 population, 1990/1997)		125/ 5	145/10

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000	
Total population	(thousands)		2713	3205	4132	5156	5279
Population aged 0-18 years	(thousands)		1322	1553	2072	2552	2601
Population aged 0-5 years	(thousands)		448	532	738	827	836
Urban population (% of total)			9.6	13.4	18.2	23.6	24.2
Life expectancy at birth (years)	Total	40	45	50	53	53	
	Male		39	43	48	52	52
	Female		42	46	51	54	55
Total fertility rate			6.2	6.7	6.1	5.2	5.1
Crude birth rate (per 1,000 population)			44	46	43	37	37
Crude death rate (per 1,000 population)			23	20	17	14	13

		About 1990	Most recent
Contraceptive prevalence rate (%, 1993)		..	19
Population annual growth rate (%, 1970-90/1990-99)	Total	2.1	2.7
	Urban	5.3	5.4

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1985-95/1990-99)		2.7	3.6
Inflation rate (%, 1990-98)		..	16
Population below $1 a day (%)		..	..
Household income share (%, 1992)	Top 20%/bottom 40%	../..	40/23
Government expenditure (% of total expenditure)	Health/education	../..	../..
	Defense	..	..
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance: (1990/1998)	$US millions	143	281
	As % of GNP	15	18
Debt service (% of goods and services exports, 1990/1998)		7	5

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1998-2001 a/

COUNTRY: LAO PEOPLE'S DEMOCRATIC REPUBLIC
LATEST BOARD APPROVAL: 1997
REGULAR RESOURCES: $ 6,802,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	341	277	30	32	87	125	2,016	607	2,474	3,092	1,041	5,261	3,515	8,353
Education	558	495	7	56	356	330	698	2,125	1,619	2,497	3,006	4,130	4,625	6,627
Advocacy, protection and monitoring	24	108	2	4	80	93	323	1,169	429	613	1,374	2,271	1,803	2,884
Water and environmental sanitation	1,156	(372)	0	13	67	623	143	475	1,366	305	739	4,400	2,105	4,705
Cross-sectoral costs	121	0	0	0	25	0	201	49	347	295	49	0	396	295
GRAND TOTAL	**2,200**	**508**	**39**	**105**	**615**	**1,171**	**3,381**	**4,425**	**6,235**	**6,802**	**6,209**	**16,062**	**12,444**	**22,864**

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: LAO PDR
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
SURVIVAL,GROWTH & DEV	RR	538,400	538,400	538,400	538,400	538,400	2,692,000
	OR	964,800	1,104,700	1,105,900	1,061,800	1,062,800	5,300,000
	TOTAL	1,503,200	1,643,100	1,644,300	1,600,200	1,601,200	7,992,000
LEARNING FOR CHILD&COMMUNITY DEV	RR	413,800	413,800	413,800	413,800	413,800	2,069,000
	OR	1,150,000	1,486,000	1,699,000	1,718,000	1,447,000	7,500,000
	TOTAL	1,563,800	1,899,800	2,112,800	2,131,800	1,860,800	9,569,000
WATER & ENVIRONMENTAL SANITATION	RR	99,000	100,000	100,000	100,000	100,000	499,000
	OR	700,000	700,000	700,000	700,000	700,000	3,500,000
	TOTAL	799,000	800,000	800,000	800,000	800,000	3,999,000
CHILD PROTECTION	RR	164,600	164,600	164,600	164,600	164,600	823,000
	OR	476,000	476,000	476,000	476,000	476,000	2,380,000
	TOTAL	640,600	640,600	640,600	640,600	640,600	3,203,000
ADVOCACY AND COMMUNICATION	RR	134,600	134,600	134,600	134,600	134,600	673,000
	OR	64,000	64,000	64,000	64,000	64,000	320,000
	TOTAL	198,600	198,600	198,600	198,600	198,600	993,000
HIV/AIDS PREVENTION AND CARE	RR	19,200	20,200	20,200	20,200	20,200	100,000
	OR	400,000	400,000	400,000	400,000	400,000	2,000,000
	TOTAL	419,200	420,200	420,200	420,200	420,200	2,100,000
CROSS-SECTORAL COSTS	RR	152,400	152,400	152,400	152,400	152,400	762,000
	OR						
	TOTAL	152,400	152,400	152,400	152,400	152,400	762,000
TOTAL, PROGRAMME BUDGET	RR	1,522,000	1,524,000	1,524,000	1,524,000	1,524,000	7,618,000
	OR	3,754,800	4,230,700	4,444,900	4,419,800	4,149,800	21,000,000
	TOTAL	5,276,800	5,754,700	5,968,900	5,943,800	5,673,800	28,618,000
STAFF COSTS a/		698,132	728,188	759,591	790,796	800,347	3,777,054
GENERAL OPERATING COSTS		143,267	139,486	143,267	139,486	143,267	708,773
TOTAL, ESTIMATE SUPPORT BUDGET		841,399	867,674	902,858	930,282	943,614	4,485,827
GRAND TOTAL		6,118,199	6,622,374	6,871,758	6,874,082	6,617,414	33,103,827

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

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TABLE 4

COUNTRY : LAO PDR
PROGRAMME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
SURVIVAL,GROWTH & DEV	2,692,000		2,692,000	0	0	0	1	0	0	1	3	1	5	803,326	212,477	1,015,803
LEARNING FOR CHILD&COMMUNITY DEV	2,069,000		2,069,000	0	0	0	1	0	0	1	2	1	4	803,326	159,752	963,078
WATER & ENVIRONMENTAL SANITATION	499,000		499,000	0	0	0	0	0	0	0	2	1	3	0	151,169	151,169
CHILD PROTECTION	823,000		823,000	0	0	0	0	0	0	0	1	1	2	251,418	83,496	334,914
ADVOCACY AND COMMUNICATION	673,000		673,000	0	0	0	0	0	0	0	2	1	3	0	150,669	150,669
HIV/AIDS PREVENTION AND CARE	100,000		100,000	0	0	0	0	0	0	0	0	0	0	0	22,023	22,023
CROSS-SECTORAL COSTS	762,000		762,000	0	0	0	0	0	0	0	2	2	4	0	176,402	176,402
TOTAL RR	7,618,000		7,618,000	0	0	0	2	0	0	2	12	7	21	1,858,070	955,988	2,814,058
OTHER RESOURCES :																
SURVIVAL,GROWTH & DEV		5,300,000	5,300,000	0	0	0	0	1	0	1	1	2	4	673,944	121,348	795,292
LEARNING FOR CHILD&COMMUNITY DEV		7,500,000	7,500,000	0	0	0	0	0	1	1	2	2	5	436,453	175,704	612,157
WATER & ENVIRONMENTAL SANITATION		3,500,000	3,500,000	0	0	0	1	0	0	1	0	2	3	803,326	56,861	860,187
CHILD PROTECTION		2,380,000	2,380,000	0	0	0	0	1	0	1	1	1	3	422,526	102,373	524,899
ADVOCACY AND COMMUNICATION		320,000	320,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV/AIDS PREVENTION AND CARE		2,000,000	2,000,000	0	0	0	0	1	0	1	2	1	4	673,944	132,337	806,281
TOTAL OR		21,000,000	21,000,000	0	0	0	1	3	1	5	6	8	19	3,010,193	588,623	3,598,816
TOTAL RR & OR	7,618,000	21,000,000	28,618,000	0	0	0	3	3	1	7	18	15	40	4,868,263	1,544,611	6,412,874
SUPPORT BUDGET	Operating costs		708,773													
	Staffing			0	0	1	2	1	0	4	2	10	16	3,210,417	566,637	3,777,054
GRAND TOTAL (RR + OR + SB)				0	0	1	5	4	1	11	20	25	56	8,078,680	2,111,248	10,189,928
Number of posts and staff costs:																
Current programme cycle										11	16	23	50			
At the end of proposed programme cycle (indicative only)										11	20	25	56	8,078,680	2,111,248	10,189,928

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.